

**DECLARATION/  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number:

3SI-133US

First Named Inventor:

Joel Bartholf

**COMPLETE IF KNOWN**

Application Number:

Not yet assigned

Filing Date:

Herewith

Art Unit:

Examiner Name:

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COIN CELL PROTECTION AGAINST REVERSE INSERTION IN CELL HOLDER

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application or PCT International Application Number \_\_\_\_\_

and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here
**OR**
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Joel

Bartholf

Inventor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: City: Macon

State: Georgia

Country: USA

Citizenship: USA

Mailing Address: 3549 Westhaven Drive

Mailing Address:

City: Macon

State: GA

Zip: 31206

Country: USA

☒ Additional inventors are listed on the next page.

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

<b>Name of Second Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Michael Larry			Poorbaugh		
Inventor's Signature _____				Date: _____	
Residence: City: Lakeland	State: Florida	Country: USA	Citizenship: USA		
Mailing Address: 2240 Old Polk City Road					
Mailing Address:					
City: Lakeland	State: FL	Zip: 33809	Country: USA		
<b>Name of Third Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature _____				Date: _____	
Residence: City:	State:	Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip:	Country:		
<b>Name of Fourth Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature _____				Date: _____	
Residence: City:	State:	Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip:	Country:		
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).					